

10/529

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8	1		1			
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1		1			
23						
24						
25						
26						
27						
28						
29	1		1			
30						
31						
32						
33						
34						
35						
36	1		1			
37						
38						
39						
40						
41						
42						
43	1		1			
44	1		1			
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	41	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						